

# PEI PROJECT SUMMARY

Form No. 3

## PEI Project Name: First Break of Mental Illness – Cool Program

County: San Diego

Date: 11/19/08

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Suicide Risk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. PEI Priority Population(s) Note: All PEI projects must address underserved racial/ethnic and cultural populations.	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
A. Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Individuals Experiencing Onset of Serious Psychiatric Illness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Children and Youth in Stressed Families	<input type="checkbox"/>	<input type="checkbox"/>		
4. Children and Youth at Risk for School Failure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
6. Underserved Cultural Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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### **B. Summary of Stakeholder Input and data analysis that resulted in the selection of the priority population(s).**

Consistent with MHSA guidelines, the County of San Diego has conducted an inclusive community planning process in selecting MHSA PEI Transitional Age Youth First Break of Mental Illness as one of our 10 priority focus areas. Below is a list of venues and opportunities offered to community stakeholders to participate in planning and to provide their valuable input.

**Transitional Age Youth First Break Forum – January 23, 2008:** Expert guest speakers presented material on mental health needs of TAY experiencing the onset of psychosis to a forum of community members. The forum was well attended by the TAY community, providers, experts, and other key stakeholders.

Input from the community included the following:

- Public and provider education and training to reduce stigma;
- Increase access to care to at-risk TAY and their families;
- Provide a family and strength-based approach;
- Early detection through screening by frontline gatekeepers;
- Peer support and mentoring that provide role modeling;
- Support and outreach to at-risk youth;
- Increase self-sufficiency and resilience by providing life skills training and positive life transition skills to youth and their families at youth transition points and by providing support to clients and families at high risk of first break or at time of first break;
- Improve access to care by providing comprehensive, seamless programs for individuals at high risk and their families;
- Provide a uniform screening process and improve transportation to and from services;
- Link mental to physical health and co-locate physicians with mental health clinicians;
- Linkage with existing community services;
- Add first onset mental health services to alcohol and drug treatment centers;
- Utilize community based settings; and
- Provide culturally competent safe places for at-risk youth and a peer or trusted person to whom they may speak.

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**Mental Health Board (MHB) Presentation, April 3, 2008.** Community input was presented to the MHB for their review and guidance. Board reviewed inputs and concurred with Mental Health Services' assessments to develop programs based on the identified needs.

**First Break PEI Workgroup, April – May 2008.** Subsequent to the community forum, a PEI workgroup was formed consisting of County staff and community members in order to develop first break programs. The workgroup met four times. Its members included representatives from Children's Mental Health Services, Alcohol and Drug Services, Client and Family Liaison Services, San Diego County Psychiatric Hospital, the Clinical Director for San Diego County Behavior Health Services, and Adult/Older Adult Systems of Care representatives. The workgroup helped to refine the community and MHB inputs and developed project concepts for development.

The workgroup project concepts were:

- Utilize gatekeeper model,
- Focus on family and education,
- Incorporate mobile outreach for assessment,
- Must include a treatment component,
- Include foster care youth children, and
- Utilize a three-pronged approach of outreach, intervention, and disposition to Cool clinical component or other services.

Furthermore, the First Break PEI draft workplan was presented to the Cultural Competence Resource Team (CCRT) and to the TAY Committee for input and comment. Their input and recommendations were considered in the final development of the plan.

### **Additional Data Analysis:**

The gap analysis conducted in San Diego for CSS planning in fiscal year 05-06 demonstrates that TAY (18 to 24 y/olds) are an age group that is unserved and underserved and are often found in the juvenile justice system and in foster care, especially Latino and Asian/Pacific Islander TAY. The San Diego County Mental Health Services fiscal year 06-07 Databook demonstrates that 30% of TAY receiving mental health services are Latino and 12% are African American. Approximately 633 youth were served in the San Diego County Emergency Psychiatric Unit (EPU) and 211 (16 to 17

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y/olds) were served in the Emergency Screening Unit (ESU) during fiscal year 06-07. Approximately 694 TAY (ages 18 to 24 y/o) were receiving some type of outpatient mental health services in the justice system while in detention.

This program will be provided in the Central Region of San Diego. The region has approximately 79,082 youth ages 14 to 24 y/olds. The ethnic composition of this region is approximately 41% Latino, 28% Caucasian, 14% African American, and 13% Asian/Pacific Islander [San Diego County Association of Governments (SANDAG) data warehouse, 2007]. This region has the largest population of African Americans and Asian/Pacific Islanders and the second largest Hispanic population in San Diego County.

The Children's Mental Health Services Eighth Annual System of Care Report for Fiscal Year 2005-2006 states that 24.6% of youth receiving mental health services also had an opening in the Child Welfare System during the year. San Diego County data is consistent with national data demonstrating that the median age of onset for an anxiety disorder is age 11 (*Lifetime prevalence and age-of-onset distribution of DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). Archives of General Psychiatry, 2005*). Schizophrenia often appears in men in their late teens or early twenties, while women are generally affected in their twenties or early thirties (*Psychiatric disorders in America: the Epidemiologic Catchment Area Study*).

The San Diego Child Welfare Services (CWS) Fiscal Year 2006/2007 Annual Report demonstrates that 17.2% of youth referred to the Child Abuse Hotline are 15 to 17 y/o. Based upon the CWS Monthly Children's Statistics for fiscal year 06-07, the ethnic composition of this age group is 51% Hispanic, 24% Black, 10% White, 0.5% Asian, 0.04% Native American, and 15% Other. The Central Region had the most referrals for children and youth, including over 2,000 youths aged 15 to 17 y/o.

The First Break PEI work group reviewed and evaluated the following evidence-based practices (EBP) for consideration in this program: Portland Identification and Early Referral (PIER) Program model, early Treatment and Identification of Psychosis (TIPS) Program, Personal Assessment and Crisis Evaluation (PACE), and the Structured Interview for Prodromal Symptoms (SIPS). The County participated in the State's TAY PEI webcast. Research has confirmed that the SIPS tool is utilized as a community standard for prevention and early intervention programs such as PIER, PRIME, and UCSD's Cognitive Assessment and Risk Evaluation (CARE) program. The SIPS will be utilized in this program.

This program was designed for youths who are at risk for developing a psychotic illness and are experiencing signs or symptoms that are indicative of high risk for psychotic illness (ARMS), which is usually a period of one to two years. The California Department of Mental Health Resource Material Enclosure 6 RM-3 states that "specialized intervention during this one to two year period of time may delay or prevent the transition to onset of full psychotic illness; prevent the loss of

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community, vocational, and social functioning; and decrease the length of time that the illness goes untreated.” The Cool component of this program provides intensive services to youths who are at risk for psychotic illness.

### 3. PEI Project Description:

Stakeholders expressed that there is “a great need for services in schools and jails” and a need to develop peers and paraprofessionals that will outreach to at-risk youth. Stakeholders expressed the importance of including families and educating them about their TAY/youth who are at risk of first break. Stakeholders also emphasized utilizing gatekeepers in areas such as high schools and colleges. Based on stakeholder input and the available research literature on the subject, San Diego County is proposing a first-break program that has a three-pronged approach to early detection of at-risk and high-risk children and TAY, ages 14 to 24 y/o. This program will focus on prevention, early intervention, and At Risk Mental State (ARMS) services, hereafter referred to as the Cool program in this work plan, in the Central region of San Diego County.

#### Program Details

The **Prevention** component of the program will utilize gatekeepers who may have contact with TAY and youth in general community settings. This component will target gatekeepers in the San Diego Unified School District, specifically high schools and colleges; community health centers; primary care physicians specializing in adolescent and young adult medicine (pediatricians); family resource centers; churches with youth ministries; substance abuse programs; mental health programs such as the Emergency Screening Unit (ESU) for children/youth and the San Diego County Emergency Psychiatric Unit (EPU); as well as Child Welfare and Justice System (juvenile and young adults) providers in this region. These gatekeepers will be provided education and information on early detection of at-risk behaviors and features of TAY and youth. Once trained, they will return to their various community settings prepared to identify and assess at-risk youth and TAY. Each Gatekeeper will utilize a screening tool to determine at-risk behaviors and features and will be provided information on how to refer and link to the Cool program for further assessment and intervention.

Actions that will be performed to carry out the **Prevention** “phase” include:

- During the first 3 to 6 months of the program, psychoeducation of gatekeepers and families on at-risk behaviors and features and screening of at-risk behavior; and

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- Information, referral, and linkage to Cool component for further evaluation and assessment if needed.

Staffing of this component includes:

- Gatekeeper Educators – 2 FTEs licensed Master's level clinicians will provide prevention and intervention education for gatekeepers, referral, and linkage to Cool/ARMS component program, other MHSA/TAY Services, or other appropriate community-based, non-mental health program.

The **Early Intervention** component will provide an in-depth integrated assessment for potential mental health and/or substance abuse issues, domestic/community violence, physical/sexual/emotional abuse, and physical health needs. TAY/youth and their families will be referred and linked for further assessment by a trained gatekeeper. TAY/youth will be provided with opportunities for family psychoeducation and social, educational, and employment support services, as well as information and linkages to extended treatment for mental illness or emotional disturbance, substance abuse, community or domestic violence services, and other basic need services such as food, housing and employment services, and social services. This program will also provide services for individuals experiencing At Risk Mental State (ARMS), which is explained below in the Cool component. The research literature on first break programs has demonstrated that TAY family involvement and participation is key in the early identification of at-risk behaviors of their youth. To this extent, families will be engaged to actively participate in the program services to include psychoeducation classes, support services, and treatment interventions.

Actions that will be performed to carry out the **Early Intervention** "phase" include:

- Early detection screening and integrated assessment will be provided during the first 3 to 6 months and ongoing as needed.
- The gatekeeper will link the TAY/youth and their family with the Cool-Mobile team, who will then outreach and engage the TAY/youth and their family for services.
- Mobile outreach and engagement by Cool staff.

Staffing for this component includes:

- Unlicensed Mental Health Counselors – 2 FTEs who will provide Cool-Mobile outreach and engagement to identified TAY/youth and their families at their residence or selected sites of choice to engage at-risk TAY/youth in the Cool Program or other appropriate services.

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The **Cool** component addresses a community concern that ARMS education is not available and that education should be provided to community gatekeepers, health care providers, and families so they may recognize at-risk behaviors and features that TAY/youth are experiencing. This intensive service component is envisioned to provide mobile outreach and engagement; TAY/youth, family, and parent psychoeducation classes/groups to assist in the identification and management of at-risk behaviors and features; consultation and care coordination with integrated primary care, mental health and substance abuse treatment; in-home services and support, crisis intervention and transportation for approximately 100 TAY/youth and families. **Cool** services for At Risk Mental State (ARMS) TAY/youth provides short term services (up to 18 months) for identified and eligible TAY that meet the criteria for Cool services. Services may include outreach and engagement, integrated mental health services, crisis intervention, in-home supportive services, peer support services, family psychoeducation and supported education/employment (SE/E). Psychosocial interventions include evaluation/assessment, peer support and mentoring and re-integration in the community. The program will use the Structured Interview for Prodromal Syndromes (SIPS) and the Positive and Negative Syndrome Scale (PANSS) and other to-be-determined tools. This program may be considered as a potential research site for the existing CARE research protocol for TAY.

Actions that will be performed to carry out the Cool component include:

- Outreach, engagement, evaluation and assessment; and
- Mobile and site-based short term treatment, intervention, and support services for the first 3 to 9 months until capacity of services are reached.

Staffing of the Cool Program includes a clinical and research and evaluation team composed of:

- Psychiatrist with a specialization in TAY/youth,
- Psychiatric nurse,
- Licensed clinicians,
- Peer Counselors, and
- Employment and education service staff.

Flexible program staff adjustments will be made once the gatekeeper education, outreach, and engagement phases wind down and as program capacity in the Cool Program is achieved.

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The research component at this time is under negotiations with Dr. William McFarlane, MD, psychiatrist and researcher at Maine Medical Center, and will be finalized within the next three to six months.

It is envisioned that this program will be procured via a Request for Proposal (RFP). There are a number of non-profit organizations, mental health providers, and community health centers that potentially can bid for the services outlined. The settings where these services can be provided include community health centers, designated schools, recreational youth centers, justice system settings, and in the TAY/youth home.

The target population for this program is TAY/youth aged 14-24 y/o in the Central Region of San Diego County including Hispanic, African American, and Asian/Pacific Islander communities, as well as LGBT TAY.

This new program will provide prevention, early intervention, and a Cool component for TAY and youth experiencing At Risk Mental State (ARMS) behaviors and features.

*Note: The MHSA Prevention and Early Intervention standards for low intensity and short duration do not apply to services for individuals experiencing ARMS or first onset of a serious psychiatric illness with psychotic features.*

### Key Milestones and Timelines

The following are key milestones and their anticipated timeline:

- Receive California DMH approval for plan – Month 1
- RFP developed, competitive procurement process completed – Month 5
- Contract awarded – Month 6
- Hire staff – Month 6
- Begin development of policies and procedures – Month 7
- Additional outcome tools identified, surveys created – Month 7
- Staff training begins (including cultural and linguistic needs of population) – Month 7
- Outreach to potential gatekeepers – Month 7
- Education of gatekeepers – Month 7, ongoing
- Draft policies and procedures submitted to County for approval – Month 7
- Create brochures and purchase materials to be offered at each facility (in multiple languages as appropriate) – Month 7
- Assessment tool education for clinicians – Month 8
- Outreach and engagement begins – Month 9



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- Cool Program implemented – Month 10
- Referrals to program – Month 10

### 4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operations through June 2009
	Prevention	Early Intervention	
Cool Program	Individuals:350 Families:	Individuals:100 Families: 100	
<b>TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED</b>	<b>Individuals: 350 Families:</b>	<b>Individuals: 100 Families: 100 (duplicated)</b>	

### 5. Linkages to County Mental Health and Providers of Other Needed Services:

TAY/Youth who are deemed appropriate for further mental health assessment/treatment and services will be transitioned and linked to existing MHSA Child (under 18 y/o) or MHSA TAY (18 to 24 y/o) outpatient mental health programs. TAY will also be linked to primary care physicians, substance abuse services, and other appropriate social and recreational services in the community. TAY with prodromal symptoms and/or features not previously diagnosed will be linked to the PEI/Cool program, a component of this proposed program.

Once screened, the TAY/youth and family members will be referred and linked to other needed services based on their reported needs. Information will be provided on how to access family resource centers, primary care, or other health providers, and support services in the community, which will include school-based counseling services, counseling

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services for domestic violence, and Alcohol and Drug Services (ADS) programs for substance abuse issues. The PEI program staff will identify these and other resources by compiling a resource guide for the TAY/youth and their families.

The Cool program and its components of prevention, early intervention, and ARMS services will impact the system by:

- Increasing awareness and knowledge of gatekeepers in the Central region by providing education on at-risk symptoms and features in TAY;
- Utilizing an integrated assessment, TAY and their families will be provided linkages to existing public and community services available in churches, schools, gang prevention groups, substance abuse programs, mental health programs, and employment and housing services; and
- Providing education to client and family.

Individuals in need of additional resources will be referred to the Access and Crisis Line to be linked to County-funded programs and/or services to address their specific needs and issues. While the Access and Crisis Line has extensive information regarding substance abuse treatment programs and all County-funded mental health services, individuals will also be referred to 2-1-1 San Diego and the San Diego County Domestic Violence Hotline. This will also then provide access to basic needs services, including homeless and shelter programs, as well as assist callers with obtaining linkage to non-traditional mental health related services.

### **6. Collaboration and System Enhancements:**

Partnerships and collaborations will be reinforced and/or developed with community health centers, primary care, mental health, alcohol and drug services, San Diego Unified School District and its high schools, San Diego City College, San Diego State University, Family Resource Centers in the Central region, local social service agencies, foster care and justice system sector for youth and TAY, other TAY non-profit organizations such as the Access Center, serving LGBT, and the Monarch High School for TAY homeless. Gatekeepers will be identified within these organizations. The Program will establish memorandums of agreement (MOAs) with external agencies to delineate roles and responsibilities to include gatekeeper education, mutual referrals, linkages, care coordination and consultation, communication, and technical consultation.

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The roles and activities with the above partners will include gatekeeper education of at-risk mental state (ARMS) behaviors and features for TAY/youth, referral, and information for further assessment.

The primary and mental health care system will be strengthened and built upon by increasing community, provider, and family awareness and education of at-risk behaviors and features in TAY/youth. It is envisioned that the primary care sector, particularly primary care physicians in pediatrics and adolescent medicine, will be able to do a preliminary screening of at-risk TAY and youth and provide care coordination through a "smooth hand-off" to the Cool program mobile staff who will further assess the TAY/youth.

Program resources will be leveraged by collaborating and partnering with existing TAY/youth service providers in the community and linking TAY/youth and their families to existing MHSA Child and TAY programs described in the "Linkages" section above. In addition, TAY/youth who are interested in participating in UCSD's Cognitive Assessment and Risk Evaluation (CARE) program and research protocol will be linked to the CARE program for additional assessments to determine eligibility. The primary goal of the CARE program is to identify and assess adolescents and young adults who are experiencing changes in their thoughts, behavior, or emotions that might be associated with developing serious and/or disabling mental problems.

This program will be sustained with MHSA/PEI funds.

### **7. Intended Outcomes:**

Outcomes will be measured by tracking and trending of baseline information into a database; issuing pre- and post-surveys assessing level of knowledge acquired; and tracking and trending outcomes at 6, 12, and 18 month intervals on different measures, which includes the SIPS. The SIPS is a structured diagnostic interview used to diagnose the three prodromal syndromes and may be thought of as analogous to the Structured Clinical Interview for DSM-IV (SCID). The SIPS includes the SOPS (Schizotypal Personality Disorder Checklist and a version of the Global Assessment of Functioning scale (GAF). The SIPS also includes operational definitions of the three prodromal syndromes [Criteria of Prodromal Syndromes (COPS)] and an operational definition of psychosis onset [Presence of Psychotic Syndrome (POPS)].

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### **Individual level outcomes include:**

- Increase in education and awareness of at-risk behaviors and features;
- Early detection and identification of at-risk behaviors and features;
- Improved well being and hopefulness;
- Management of behaviors, symptoms, and features;
- Family education and involvement;
- Reduction of prolonged suffering;
- Reduction of untreated mental health needs;
- Increase in timely access to services;
- Diversion from incarceration; and
- Avoidance of school failure or dropout.

### **System level outcomes include:**

- Collaboration and partnership development,
- Ongoing education with primary care and other gatekeepers,
- Reduction of hospitalizations, and
- Reduction of incidence and prevalence of psychiatric disorders.

### **Program level outcomes include:**

- Increased number of outreach and engagement attempts to gatekeepers and identified TAY and their families;
- Demographics, diagnosis, types of services provided, referrals to extended and other services;
- Reduction of untreated mental health problems;
- Reduction of stigma associated with seeking mental health services;
- Improved knowledge in how to access care;
- Early identification and prevention of untreated mental health issues;
- Reduced family stress and burden;
- Increase of family support systems (through education);
- Diversion from incarcerations; and
- Continuation in school or employment.

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Other proposed methods to measure success will be gauged through the number of screenings, mental health assessments, and short term interventions administered through each component of the program.

### **8. Coordination with other MHSA Components:**

San Diego County has a broad array of MHSA/CSS programs for children, youth, and young adults that provide services to unserved and underserved clients and their families. Referring and linking eligible youth/young adults and their family to these services is key to the early identification of untreated mental health issues that, without intervention, may develop into long term mental health illnesses. The program staff will have a resource directory of core mental health services and MHSA/CSS programs in the Central region, as well as a broad directory of resources for TAY (TAY Resource Provider Directory) and their families. The TAY Resource Directory includes services provided by the faith community, domestic violence, substance abuse, primary care, employment and housing resources, and family resource centers. Youth may be referred to existing MHSA/CSS programs such as the Council of Community Clinics (CCC) integrated primary care and mental health program, family youth & peer support services, family and youth information and education programs, school-based mental health services, mobile adolescent services team, enhanced mental health services for TAY, full service partnerships, and clubhouses. Additional PEI programs focusing on community and domestic violence and co-occurring disorders may also be available.

This workplan will also benefit from the Primary and Secondary Prevention Plan (PS01) in the following ways:

- Media Campaign – The campaign will include elements that address raising public awareness about the risk factors and warning signs of suicide. It will incorporate cultural perspectives in the resulting printed materials and TV/Radio/print ads.
- The contracted service provider of the FB01 Project shall participate on the Interagency Suicide Meeting (referenced in PS01). In being a member of this group, they will assist to develop the County's suicide action plan and ensure cultural sensitivity and awareness for the distinct needs of the target population that they represent and provide PEI services for.

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- Suicide Prevention services offered through PEI will be included in Primary Prevention printed materials (described in PS01). This will assist to raise awareness about the availability of suicide prevention services funded under MHSA in San Diego County.